

Enter & View

Child and Adolescent Mental Health Service

Beech House, Margaret Street,
Wakefield

Friday 13 May 2016



Healthwatch Wakefield

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Details of visit

Service Address:	Wakefield CAMHS West Beech House Margaret Street Wakefield WF1 2DQ
Service Provider:	South West Yorkshire Partnership Foundation Trust
Date and Time:	Friday 13 May 2016 at 9am
Authorised Representatives:	Safeen Rehman, Kate Honeyman, Tara Morgan-Watson, Rebecca Sharkey
Contact Details:	Healthwatch Wakefield, 11-13 Upper York Street, Wakefield WF1 3LQ Telephone 01924 787379

Acknowledgements

Healthwatch Wakefield would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme. We would particularly like to thank Carol Harris, Director of Forensic and Specialist Services, Linda Moon, General Manager, Gill Newey, Acting Practice Governance Coach, Sarah Dixon, Team Manager, Becky Price and Hannah Silver, both Primary Practitioners.

Purpose of the Visit

The decision to undertake this visit was prompted because of issues raised by young people about their experiences using CAMHS services, these included:

- Long waiting times
- Discharge without signposting to other support
- Young people feeling that medication was prescribed rather than therapeutic interventions offered
- Young people feeling that they had been discouraged from exploring certain issues within the service they were offered
- Lack of communication in relation to treatment planning
- Confusion around eligibility for the service
- Poor experiences of transition from child to adult services

Objectives

The objectives of the visit are to gain more insight into:

- The quality of provision of mental health support for young people
- The criteria for provision of the CAMHS service for young people
- Appointment availability and waiting times
- Quality of information around planning treatment
- Information and signposting provided on discharge or during transition
- Waiting room facilities and access



Strategic Drivers

Strategic drivers included the Care Quality Commission inspection of South West Yorkshire Partnership NHS Foundation Trust and the Future in Mind Transformation Plan. Healthwatch Wakefield also received a request from Wakefield Metropolitan District Council and NHS Wakefield Clinical Commissioning Group.

Methodology

Under the regulations in the Health and Social Care Act 2012, local Healthwatch organisations have the power to enter and view providers so that authorised representatives can observe matters relating to health and social care services.

This was an announced visit. The Trust was informed of the date and time that Healthwatch Wakefield planned to visit. On arrival the visiting team were welcomed and talked to staff, service users and carers. The visiting team had informal conversations with members of staff, but the focus was predominantly on patients and relatives/carers.

The visiting team spoke to three children and young people and three relatives/carers to ask them about their experiences of the facility based on the objectives detailed above.

Summary of Findings and Feedback

Enter and View visits are usually focused on interaction with service users and relatives in order to ascertain their experience of the service. Due to the nature of the CAMHS provision, there were only a small number of people for the visiting team to talk to. Details of their responses to our questionnaire can be seen on page 6. While it is not possible to draw any broad conclusions from such small numbers, some comments reflected the issues we have been made aware of around waiting times, provision of information and communication. One person did report a fast response to their daughter's need, and two of the young people rated the service highly (9 and 10 out of 10).

The visiting team had had an opportunity to look around the premises and talk to staff. It was noted that the premises were outdated and rather small, but there are plans to move the service within the next few months.

Although we felt that the Enter and View visit was interesting for our visiting team, due to the small number of service users present we were not able to draw many conclusions from what we found. We have a number of follow up questions that we would be very grateful if the Trust could answer for us, and we would like to continue to work with the Trust, if felt useful, to build on this initial visit.

We also propose that the Trust takes this opportunity to work with the Young Healthwatch part of Healthwatch Wakefield to find out more information from CAMHS service users through an anonymised survey. This would be an opportunity to build on the current service evaluation information through the Friends and Family Test.

It was good to hear about the Trust's plans to move in October 2016.

The Trust provided a response which is throughout the body of the report.

The Trust also said the following: 'We accept the recommendations in conjunction with our comments... and we look forward to working with you in the future.'



Recommendations

General

1. Healthwatch Wakefield would like to undertake a survey of CAMHS users as soon as possible to gain more feedback about the service and would welcome the Trust's support with this.

Provision of information

2. Healthwatch Wakefield feel that information provided on the CAMHS service and other services that are available to children and young people could be improved. This should include a range of formats, and could include separate leaflets for children, young people, for example 13-18 age group, and family/carers. Healthwatch Wakefield makes a recommendation that information in all formats is coproduced with children and young people to ensure they include the information that they would want to know.

Trust Response: Age appropriate information is something we need to consider but assume the information for service users will be largely targeted at young people – as opposed to young children (where is inevitably more geared to parents). Given this could become very resource intensive we would welcome Healthwatch advice. Anytime, and on an ongoing basis, particularly considering our move to the Wakefield Hub. Healthwatch might decide that it is more productive to look at this nearer the time of the move to Wakefield hub, or soon after. But the advice is always useful.

Communication

3. Healthwatch Wakefield recommends that the referral criteria for provision of the CAMHS service for young people is clarified for General Practice, consultants, schools etc to avoid inappropriate referrals and help create an understanding of the services provided.
4. Healthwatch Wakefield welcome the introduction of using SMS texting for appointments and feel this should be introduced as soon as possible. Healthwatch Wakefield are aware that when young people have to ring and opt in to make appointment this can sometimes be difficult when they have anxiety issues.
5. If a young person or carer has not contacted the Single Point Access (SPA) to make a first choice appointment through the opt in rule, Healthwatch Wakefield recommend that before a decision is made to discharge the young person, that the clinic should contact the referring organisation and ask them to make contact with the young person / family and support them in making the appointment. Also at this point another letter should be sent to the young person to explain that this is being done but that they can still contact the service directly.

Trust Response: This can be done in cases where the referral information indicates high risk. We do this already. However if this is followed for each and every young person referred, it would have an impact on waiting times for the initial appointment. The overall impact would be detrimental to children and young people referred into the service. We acknowledge that this process needs tightening.

Waiting List

6. Healthwatch Wakefield would recommend that the waiting requires attention immediately especially in regards to therapies. Healthwatch Wakefield considers early intervention with therapies key to successful outcomes. We are aware that agency staff are currently being used to help with the current referrals, but this is not a long term solution.

Trust Response: We absolutely recognise the general point but would welcome recognition that this is not entirely within the gift of the service.



Environment

Healthwatch Wakefield is aware of the proposed move of the CAMHS services so our recommendations include both the current premises and suggestions for consideration at the new premises.

Current facilities

7. Repair of the disabled toilet needs to be undertaken urgently.
8. Clear signage to the clinic is required.
9. The waiting room is too small. We recommend that appointments need to be spread out more to avoid overcrowding.

New Facilities

10. The decoration and wall art in some of the waiting area, corridors and consultation rooms appeared tired and unkempt and we feel these would benefit from being refreshed. With the move we recommend that new furniture is purchased and the Trust engage with young people in ideas for decorating.
11. Healthwatch Wakefield recommends separate waiting areas for both children and also young people in the new clinic, and treatment rooms and consultation rooms should be decorated in an age appropriate fashion.
12. We recommend that one therapy consultation room be dedicated to the adolescent age group; young people could bring age appropriate items, within reason, that may make difficult situations for the visitors much easier.

Trust Response: We would welcome advice from Healthwatch on how this could work. Anytime, and on an ongoing basis, particularly considering our move to the Wakefield Hub. Healthwatch might decide that it is more productive to look at this nearer the time of the move to Wakefield hub, or soon after. But the advice is always useful.

13. We understand that the CAMHS service will be located alongside adult services in the new building. We would recommend that the waiting areas and therapy rooms for these services be kept separate.

Trust Response: This is already included in the plan.



Feedback Patient Comments

We spoke to three patients and three carers during the Enter and View Visit. Below are some of the themes and comments we received: We were not able to talk to as many young people and families as we would have liked but knew that the clinics only had three families booked in.

Patient

Q1. How did you find out about the Child and Adolescent Mental Health service (CAMHS)?

- 1) "Through the doctor"
- 2) This is the child's second visit - Mother and daughter aged 14 - "Suggested to mum"
- 3) "School"

Q2. Were you given any information before you came to CAMHS? If so was it useful and in what way?

- 1) "No information given"
- 2) "Yes given information and yes it was useful"
- 3) "No"

Q3. On a scale from 1-10 how would you rate CAMHS service?

For example, 1 = poor; 10 = Excellent

1	2	3	4	5	6	7	8	9	10
Poor								Excellent	

- 1) Didn't want to leave, enjoyed the time (10)
- 2) 9
- 3) 6

Q4. Can you tell us what's been good about the service?

- 1) "Doctor was nice and I liked the fish tank"
- 2) "They have explained how they will help me with what I have and it was explained clearly"
- 3) "Really understanding, don't really like talking to anyone"

Q5. Can you tell us what's been not so good?

- 1) "See parent's comment"
- 2) "Don't Know"
- 3) "Nothing"

Q6. Can you tell us what you think needs to improve?

- 1) "See parents comment"
- 2) "No"
- 3) "Nothing"

Q7. Is there anything else you would like to tell us about your experience with CAMHS?

- 1) "See parents comment"
- 2) "No"
- 3) "I was seen within a couple of weeks, something happened at the weekend, pushed appointment forward." She was then seen within a week.



Parent or Carer

Q1. Do you feel that staff understand your son or daughter's needs?

- 1) "Yes we did"
- 2) "They seemed to do on first visit, but will find out more this week"
- 3) "This is the first time attending with daughter, previously attended with aunt"

Q2. Did you understand the referral process? Did anyone explain it to you?

- 1) "Firstly went to my GP because of my son's hearing (he was six months old), then paediatrician when he was three years old. School pushed me to go back to doctors when he was four and a half. Paediatrician referred me but didn't know what would happen. We have been waiting to come to CAMHS for two or three years."
- 2) "Yes it was explained last week and at the GP also"
- 3) "Daughter was referred from the hospital and seen very quickly"

Q3. Were you given any information before you came to CAMHS? If so, was it useful and in what way?

- 1) "Turned up today, not knowing what was going to happen. Letter wasn't clear, we thought it was for an assessment and it wasn't"
- 2) "Yes we were and yes it was useful. Our GP also said we could look at the internet, some leaflets were given to us at the first appointment"
- 3) "A leaflet was given by the hospital but the information was not helpful in any way"

Q4. Do you feel informed and involved about the support your son or daughter is receiving from CAMHS?

- 1) "Yes. The clinician (Richard Dearden) we saw was great – if we stay with him I will be satisfied"
- 2) "Yes, very much so"
- 3) "Yes"

Q5. What do you think of the waiting/consultation rooms?

- 1) "Very compact the waiting room – small, really busy but didn't have to wait long in the waiting room"
- 2) "it's alright, a bit small – receptionists are nice"
- 3) "It is alright nothing amazing"

Q6. Can you tell us what's been good about the service?

- 1) "Quickly in, felt the clinician very calming, listened and gave us his time which is what we needed"
- 2) "Left as had to attend therapy"
- 3) "Only waited a week in between appointments and happy daughter is getting help she needs quickly"

Q7. Can you tell us what you think needs to improve?

- 1) "The speed at which we got to this point – it took nearly three years. The school's communication with CAMHS has been appalling and also CAMHS communication back to school needed a lot of improvement"
- 2) "Left as had to attend therapy"
- 3) "Don't know first time attending"

Q8. Is there anything else you would like to tell us about your son or daughters experience of the CAMHS service?

- 1) "Today was fantastic. Referral process and school involvement needed to be quicker– the impact on my child has been disastrous"
- 2) "Left as had to attend therapy"
- 3) No comment



Request for Further Information

We have some follow up questions that there wasn't time to have answered during the Enter and View visit; these are as follows:

Questions for the Trust

- 1) Who carries out the initial screening appointment and what qualifications do they need to have?

Trust Response: The screening is carried out in CHOICE clinics. The make up of these clinics will include a senior clinician, mental health practitioner and primary practitioner. All CAMHS clinicians have profession registration and vocational qualifications and have core competences and deliver evidenced based intervention in line with agreed treatment plans.

- 2) We are aware that roughly 15% of appointments are not attended by young people. Could you tell us how many of these are for first appointments please?

Trust Response: DNA rate for initial assessments is 12%.

- 3) We would like to know the number of children or young people last year that required an inpatient bed and where they were admitted?

Trust Response:

2015 – 2016

1 16-18 year old used the adult bed in Ashdale

3 Mill Lodge

1 Littlewood House

1 Cheadle

2 Becton

2 Riverdale

3 Cygnet /Alpha

1 The Dales

2 of the above young people have had more than one admission in the 2015-2016 year

- 4) For young persons aged 16-18 is there an inpatient bed in the adult ward available and if so how frequently is this used?

Trust Response: For young people in this age group who require an inpatient psychiatric bed, national directives are to seek a Tier 4 bed. However, when such a Tier 4 bed is not available, there is a designated bed within the Trust on an adult ward that can be used as a 'holding bed', while awaiting a Tier 4 bed.

- 5) Could the Trust provide us with information on the current waiting times for specialist services (See chart in page 14)

Trust Response:

Treatments offered include:	Can we have current Waiting list times	Gender and ethnicity mix of all staff
1) Child and Adolescent Psychiatry	No waiting list	Male and female
2) Psychology		
3) Child and Adolescent Psychotherapy		
4) Cognitive behavioural therapy (CBT)		Female & Male



5) Family work and therapy		Female & Male
6) Art psychotherapy		Female
7) Play therapy		Female
8) Eye movement desensitisation and reprocessing therapy/ Eye movement desensitisation reprogramming (a treatment used to reduce the symptoms of post-traumatic stress disorder)		Female & Male

- 6) YHW were concerned to hear that core intervention staff are not professionally trained but skilled. Could this be clarified for us please?

Trust Response: All CAMHS clinicians have professional registration and vocational qualifications and have core competences and deliver evidence based intervention in line with agreed treatment plans. We have a number of clinicians who have specialist training and deliver specialist intervention again determined by assessment and formulation. The development of the workforce is currently under review to ensure we have the right mix of skills to meet the need of our service users. Training needs and CPD are managed through supervision and appraisal. The effectiveness of treatment is mapped through the Goal based outcomes and patient satisfaction through session by session rating scales.

- 7) The visiting team wondered why outdated questionnaire forms are still being collected in the CAMHS waiting room.

Trust Response: The CHI-ESQ was developed by the Commission for Health Improvement (CHI) (Astride-Stirling, J. (2002), now the Care Quality Commissioner (CQC)), the tools were devised from focus groups around issues raised as important in determining satisfaction with services, and then piloted with carers and children using CAMHS. The CHI-ESQ was originally used as an anonymous measure for one-off audits of service delivery. We are in the process of reviewing how we gain relevant and robust feedback from service users. We have kept the forms in the waiting room as an opportunity for comment but accept that they need to be part of the overall feedback process.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



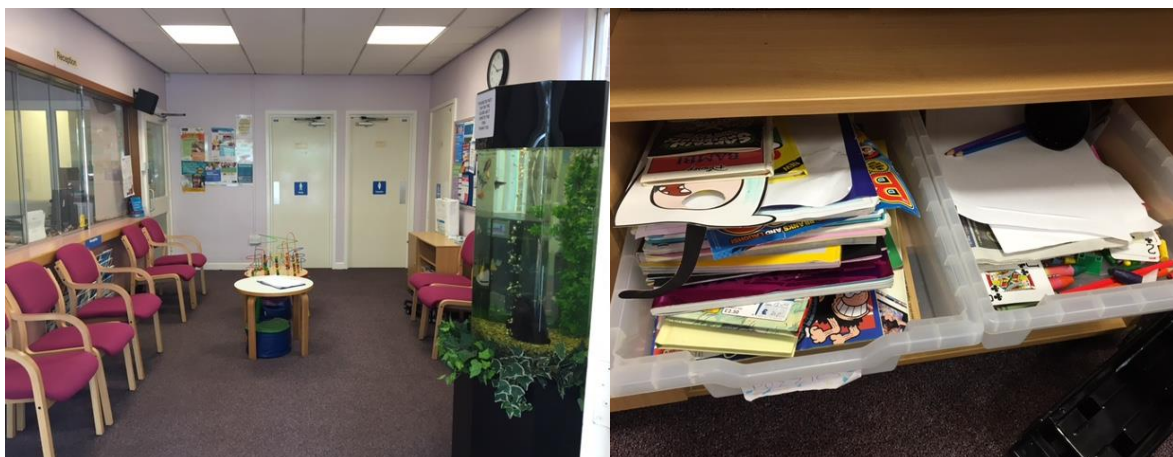
Further Visit Observations

Main Entrance and Waiting Room:

On arrival there is no clear signage to clinic. The main entrance to the building is not easy to locate if you have not been before. A sign is up at the front but this does not make it clear how to find the main entrance.

On entering you go straight into the waiting room and there is a receptionist sat behind glass doors where everyone needs to report to. The reception area is clean, presentable and with a sufficient amount of light in the room to make it a welcoming environment for young people. In total the waiting room has 7 seats. At the start of the clinics all seats were all taken up quickly and therefore young people had to stand up where they could find space, which was in front of the toilet doors. Having all these people in at the same time did cause concern especially if you are claustrophobic which a member of the visiting team was.

The waiting room has a radio playing in the background and the visiting team felt the choice of station was not soothing. The area broadly attempts to address the diverse age ranges that would attend the clinic; there are toys for children including colouring books, an activity table, and cars. However for young people or carers/family there was little appropriate material, and there were no books/magazines.



Above The waiting room at CAMHS, Beech House

The waiting room displays a lot of information but it is was all mixed up and the Young Healthwatch volunteers felt that if anyone was looking for anything particular they would find it difficult to find. Part of it could have been specifically aimed at children and young people, but a lot of the information was for adults/carers.



Above: Display posters in waiting room

We felt that the receptionist was not very welcoming, did not come across as very approachable and we did not see any general talk between the receptionist and patients coming to book in for appointments.



The leaflet rack is placed underneath the reception desk which is not ideal. Furthermore, there were no CAMHS leaflets amongst the range of leaflets that are there. This means that there is a distinct lack of information available at what should be a prime access point. There is only one poster advertising CAMHS but doesn't give any information regarding website or contact details.



Above: Leaflet rack in waiting room and CAMHS poster

A lot of space is taken up by a fish tank, a kiosk and a table for Friends and Family feedback. There is a lack of suitable resources for teenagers. The notice/information board did not stand out, there was very little on there for young people, more catered towards parents/families.



Above: Waiting room

There was a feedback box for Commission for Health Improvement surveys. The visiting team were unsure what the CHI forms were for, how long they had been there and if any feedback is given to people who complete these.



Above: Feedback box for Commission for Health Improvement



The Commission for Health Improvement was a non departmental public body sponsored by the Department of Health from 2001 until 2004, when its functions were subsumed by the Healthcare Commission. The Commission was abolished on 31 March 2009 and its responsibilities in England subsumed by the Care Quality Commission. The visiting team wondered why such outdated questionnaire and feedback forms are still being collected by the CAMHS service.

Toilets for patients are based straight off the waiting area. The disabled toilet was not fit for use but we were informed that it was the only disabled toilet that the clinic had. Repair work is currently been done on this and has a polite notice apologising for this state.

The 'general' toilets, both male and female, were a bit small particularly if you need to go in with a young child.



Above: Disabled toilet



Consultation room and therapy rooms:

The clinic is made up of seven therapy rooms provided between two buildings.

Below are pictures of Art Therapy room, which wasn't in use when we saw it. The visiting team felt that the room needed to be a softer colour, welcoming and relaxing, and felt that the yellow paint was somewhat overwhelming.



Above: Therapy room 2

The family therapy room was well furnished for the purpose, containing several speakers, providing different perspectives on the people seated in the room, and allowing therapists seated in the adjoining room to be aware of what is going on. The 'two way' mirror gives a detached view of the events and conversation. We did feel, however, that although the family know of the presence of the other therapist, it must feel imposing having camera and speakers so obviously there, and probably this makes the situation quite uncomfortable.



Above: Therapy/consultation Room





Above: Another therapy room with lots of toys for young children

We conducted some of our interviews with staff from the clinic in these two rooms. While we felt they were sufficiently comfortable for our purpose we did notice that the couch was very uncomfortable. Both rooms that we visited were appropriate to the interests of younger children, with dolls houses, toys and other various objects across the consultation rooms. In our opinion the rooms are a bit bland and institutionalised which makes them feel intimidating, however that doesn't mean that they cannot be outfitted and resourced to be age appropriate and user friendly.

The visiting team felt that teenagers and young people don't seem to have anything to keep them occupied or stimulated during meetings. Young Healthwatch volunteers suggested that at least having motivational posters or pictures of celebrities and other age appropriate features would make the rooms more inviting to adolescents.

Main points arising from discussion with CAMHS staff

Referrals:

We asked about the criteria for the provision of the CAMHS service for young people. In response the staff said CAMHS was "a service for young people whose mental health is impacting on their day to day lives". However if issues are more 'minor' they are then referred to another service or given self-help resources. We were not sure this was good enough as some people may need to speak to someone as opposed to reading through a leaflet.

All referrals into the service are screened by the Single Point of Access (SPA). These can come from: GPs, schools, social services, community based paediatrics, A&E, Community Mental Health Teams, Health Visitors, Midwives, other NHS services, other Trust services, police, voluntary services, youth centres, the youth offending team, and employers.

Once the referral is received by the SPA, they process the referral by:

- 1) Making an appointment with the psychiatrist if it's clear this is what is required.
- 2) Sending an appointment letter out asking the young person or carer to make contact with clinic within two weeks. This is known as "Opt in". If no contact is made, the clinician tries to make telephone contact with young person or carer. If this is not successful and if not deemed as risky, the young person is discharged. If the appointment is made, a letter confirming the appointment is sent out.
- 3) If the referral is deemed to be inappropriate, it will be rejected and a letter sent back to the referring professional with information sign-posting to other services and self-help information.

Waiting times:

This is determined from the time of receiving the referral. A first referral appointment, to choice clinic, is given (10-14 days), with a target of within four weeks.



We were told that the Trust is currently meeting a four week access target into the service, but the problem then is capacity to meet the target for specialist interventions. The Trust is currently working on this.

This table below provides information on interventions and waiting times:

All staff in the CAMHS team are trained to provide core interventions.

Treatments offered include:	Intervention	Can we have current Waiting list times	Gender and ethnicity mix of all staff
9) Solution focused therapy (a goal directed therapy that focuses on solutions instead of problems)	Core	7 months	Female & Male
10) Behavioural management	Core	7 months	Female & Male
11) Cognitive behavioural therapy (CBT) (a talking therapy that can help you manage your problems by changing the way you think or behave)	Core & Specialist	Core - 7 months	Female & Male
12) Family work and therapy	Specialist	6 months	Female & Male
13) Child psychodynamic psychotherapy	Specialist	8 months	Female & Male
14) Art psychotherapy	Specialist	18 months	Female
15) Play therapy	Specialist	18 months	Female
16) Eye movement desensitisation and reprocessing therapy Eye movement desensitisation reprogramming (a treatment used to reduce the symptoms of post-traumatic stress disorder)	Specialist	15 months	Female & Male
Medication	Specialist	No wait	
17) Group work	Not on offer at present		

Plus trainees both male and female for psychotherapy and psychology.

We asked staff what information is provided for young people while waiting between appointments. We were told that during Choice appointments young people are given a lot of information and in some circumstances they also get self-help packs to take away. Healthwatch explained that our intelligence tells us that young people think the service provides counselling which is not the case, so there appears to be some confusion. We asked about the general information given to young people about the service, interventions, etc. The Trust responded that they can have information beforehand in the form of a leaflet. They stated that they are working on the website to make it user friendly, because it is a 'corporate' looking site at the present time.

We raised the issue that young people have told us that they felt medication was often prescribed instead of therapeutic therapies offered. The Trust responded to this as follows: Medication is never offered as a first line mode of intervention for children/young people with mental health difficulties, except where national guidance and evidence base for specific conditions recommends it.

We raised another concern from young people that felt they were discouraged from exploring certain issues within the service they were offered (there are often lots of layers to unpick). The Trust responded that they do an agreed goal based Action Plan. The young person chooses the goal to work on; the young person leads on the goal. We do ask young people aged 16 to 18 years to share with parents or school counsellor that they had support from CAMHS.



Admissions:

There is a trust policy and there is also a policy/procedure for gaining a tier 4 bed, Crisis team will have these if needed, Community clinicians very rarely look for beds. If it is deemed that a child/young person requires inpatient psychiatric admission, a referral is made to the regional Tier 4 access assessor (as identified by NHS England) who will make recommendations regarding admission. Availability of Tier 4 beds is not within the Trust's control, and is controlled by individual Tier 4 units, which include NHS and independent units. The availability of Tier 4 beds nationwide is overseen by NHS England. The Trust do not have any input into it or control over it.

Staffing:

There are 56.17 FTE staff working in CAMHS and in Appendix 1 the table shows the different specialism.

The visiting team spoke to two Primary Practitioners during the visit. They both had been with the Trust for a short time, one nine months and the other seven months. They both enjoyed working with in the CAMHS teams and had caseloads for working out in the community. They both are part of the Single Point of Access and had responsibility of screening all the referrals that came into the service.

Transition:

One of the areas that concerned Healthwatch about the CAMHS service is the transition from child and adolescent to adult mental health services, based on poor experiences we have been informed about.

We asked about the Trust's protocol around transition from child to adult mental health service to clarify if some young people transferred to adult services at 16 years of age, at 16 if not in school, or at 18 if not in school.

In response we were informed that the CAMHS service is commissioned to 18 years. "If a young person is 17 years and 9 months we will accept them and look for services that best meet their needs. We provide transition which is part of the service. If an 18 year old is on the waiting list we will provide a service. We are currently undertaking a piece of work on transition to adult services.

In the new 'hub' the Mental Health and Wellbeing Centre will be for adults and children based on Westgate in Wakefield. Therefore the CAMHS practitioners can see the young person in an adult space if that is felt appropriate. Healthwatch Wakefield would like to see better communication between CAMHS and AMHS, as the information we hear from young people is that transition between services is a particular problem.

Service Provider Response

The Service Provider Response is included in the body of the report.



Appendix 1

CAMHS Staff

Post	WTE	Team	WTE
Team Manager	1	Community Team - East	
Team Manager	0.90	Community Team - West	
Crisis Team Manager	1	CAMHS Crisis Team	
Team manager	1.00	CAMHS Primary Intervention Team	
			3.90
Consultant C & A Psychiatrist	1.40	Community Team - East	
Consultant C & A Psychiatrist	1.00	Community Team - West	
Consultant C & A Psychiatrist	0.80	CAMHS – Learning Disabilities	
			3.20
Consultant Clinical Psychologist	0.50	Community Team - East	
Consultant Clinical Psychologist	1.00	Community Team - West	
			1.50
Clinical Psychologist	1.00	Community Team - East	
Clinical Psychologist	1.50	Community Team - West	
Clinical Psychologist	0.80	CAMHS Looked After Children	
			3.30
Assistant Psychologist	1.00	Community Team - West	
			1.00
Consultant Child & Adolescent Therapist	0.80	Community Team - East	
			0.80
Child & Adolescent Psychotherapist	1.80	Community Team - East	
Child & Adolescent Psychotherapist	0.80	Community Team - West	
			2.60
Trainee Child Psychotherapist	1.60	Community Team - East	
Trainee Child Psychotherapist	0.80	Community Team - West	
			2.40
Child & Adolescent therapist	0.65	Community Team - East	
			0.65
Clinical Nurse Specialist	0.80	Community Team - East	
			0.80
Family & Systemic Therapist	1.00	Community Team - East	
			1.00
Art Psychotherapist	1.00	Community Team - East	
Art Psychotherapist	1.00	Community Team - West	
			2.00
Highly Specialist Systemic Psychotherapist	1.00	Community Team - West	
			1.00
Senior Mental Health Practitioner (CBT)	1.00	Community Team - East	
Senior Mental Health Practitioner (CBT)	1.00	Community Team - West	
Senior Mental Health Practitioner	0.60	Community Team - West	
Crisis Mental Health Practitioner	6.1	CAMHS Crisis Team	
Mental Health Practitioner	2.00	Community Team - East	
Mental Health Practitioner	2.00	Community Team - West	
			12.70
Secretary	4.50	Community Team - East	
Secretary	2.60	Community Team - West	
Secretary	3.4	CAMHS Crisis Team	
			10.50
Lead Clinician - Crisis Team	1	CAMHS Crisis Team	
Lead Clinician - Eating Disorders	0.5	CAMHS Crisis Team	
Lead Clinician - Primary Practice	1.00	CAMHS Primary Intervention Team	
			2.50
Primary Practitioners	6.60	CAMHS Primary Intervention Team	
			6.60
Primary Intervention Practitioner	0.52	CAMHS Looked After Children	
			0.52



Appendix 2

Current Issues and gaps in services Identified by young people and their workers through work undertaken by Young Healthwatch, part of Healthwatch Wakefield

- Poor knowledge of provision and services available or how to access those services
- Poor communication about services also linked to poor or very basic language skills
- There is a lack of Socio-Cultural interpretation by practitioners to understand the cultural needs of BAME groups including Romany Gypsies & Travellers

Trust Response: Equality and Diversity training is mandatory and we use interpreters wherever possible. We would welcome clarification.

- Mental illness is known or defined differently in other cultures; these children and young people are not used to talking through issues, not equipped to access talking therapies
- A lack of knowledge on things that aren't depression or anxiety, they need to give more time, dig deeper to find out more

Trust Response: Our remit includes the complex end of the whole range of mental health issues and emotional difficulties.

- Still long waiting times for CAMHS, e.g. for anger management

Trust Response: We do not offer anger management.

- Counselling support still an issue, young people sent back to Fruitbowl LGBT group for 'support' because they, counselling staff, do not know enough about gender issues, but Fruitbowl staff say they are not qualified counsellors

Trust Response: Where LGBT young people have complex mental health issues, they will receive the same services as other young people.

- There is reluctance from CAMHS to take on young people at 17 years of age, therefore leaving them unsupported. It appears like the waiting times are longer because you have to wait till you are 18 years old, then you go to adult services

Trust Response: We will take referrals up to the age of 18 years.

- Want face to face counselling, not texts or advice/support over the phone

Trust Response: We do not offer counselling. We offer assessment and interventions for complex mental health issues.

- Services need to communicate between each other better
- Provision sporadic
- Specialist counselling for transgender young people; slowness of getting counselling appointments makes you feel worse, feel depressed
- CAMHS venues – need to be restful and inviting with no distractions
- Need to listen to young people and their needs, have ongoing assessment; issues change over time
- Listen to the issues the young person wants to talk about, not being told that they can only talk about one thing, e.g. eating disorder; might also want to talk about self-harming



Appendix 3

Information request in preparation for the visit

<p>What is the current CAMHS offer</p>	<p>The Wakefield Child and Adolescent Mental Health Service provides Psychological, Psychiatric and Psychotherapeutic services to Children and young people up to the age of 18 who are registered with a Wakefield District GP or who remain the responsibility of Wakefield Metropolitan District Council. The service includes support to the families, carers and other professionals involved with the children and young people who access the service.</p> <p>The Wakefield child and adolescent mental health service (CAMHS) provides assessment, interventions and support to children, young people and their families who are suffering from significant mental health or behavioural problems.</p> <p>They may present with a range of issues including:</p> <ol style="list-style-type: none"> 1. Depression 2. Self-harm 3. Severe anxiety (including obsessive compulsive disorder) 4. Eating disorders (such as anorexia nervosa or bulimia) 5. Psychosis (in those aged under 14) 6. Bipolar affective disorder 7. Severe emotional problems 8. Attachment difficulties 9. Severe behavioural problems 10. Tic disorders 11. Autistic spectrum conditions (in those aged over 14) 12. Significant family communication problems <p>The service is split into two main teams that cover the east and west of Wakefield. We also have a dedicated crisis team, forensic team (for those in touch with the criminal justice system) as well as a single point of access team who deal with referrals to the service.</p> <p>We have three main areas of work:</p> <ul style="list-style-type: none"> • Primary practitioners – provide consultation and training to local services, as well as short term direct work with less complex cases. • Community teams – Cases seen by our community teams tend to be more severe of more complex. Community based clinicians also provide consultation to other specialist services. • Crisis team – this team is set up to deal with mental health crises and provides more intensive and time limited intervention for young people, often working alongside our community teams. They are also on-call for our out-of-hours service.
<p>How many interventions are currently delivered?</p>	<p>We use several different interventions such as psychology, psychotherapy, family therapy, art therapy, CBT, individualised therapy, solution focused and Crisis intervention etc</p>
<p>What timescales apply to these interventions</p>	<p>The waiting times are different for different interventions and dependant on need, however the waiting time to treatment is acknowledged as a problem (other than for crisis) and improvement is a service priority.</p>
<p>What is Trust policy on did not attends (DNA) for CAMHS</p>	<p>There is a SWYPFT DNA policy which we follow but we also use a RANE form (Risk assessment non engagement form) for our service users, to show that we have thought about risk and looked at other ways of contacting clients prior to discharging. The Trust is also investing in a texting service which will via RIO (database) send</p>



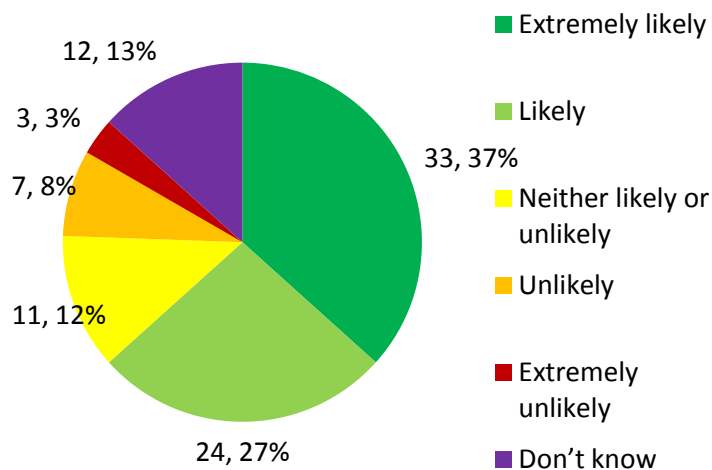
	reminders to service users to try and reduce the amount of DNAs and also in response to feedback.
Could we meet with the CAMHS service user group?	Yes- this would need to be arranged normally after school/college hours. We do have regular monthly meeting dates also
Could you share the most recent Patient Experience Survey results	We can attach this – Family and Friends Test



With all of us in mind

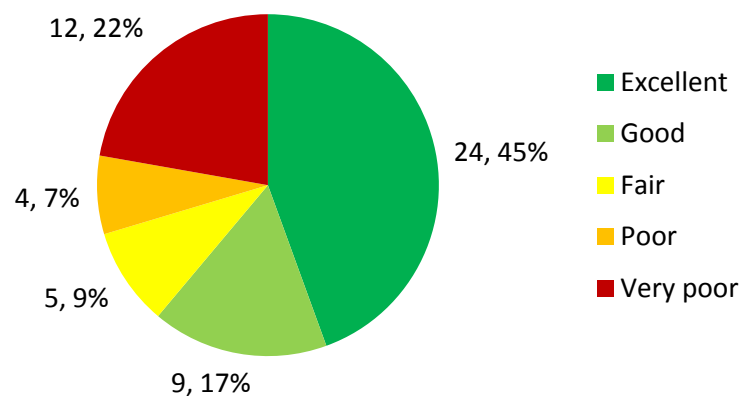
The NHS Friends and Family Test
Wakefield CAMHS Results February 2016

How likely are you to recommend our service to friends and family if they needed similar care of treatment? (n=90)



64% of respondents would recommend services, 11% would not recommend

Overall, how would you rate the care and treatment you have received from our services? (n=54)



What was good about your experiences?

- *Friendly advice*
- *Staff were caring, supportive and professional. I was listened to and supported at all times*
- *Was able to talk about my anxiety*
- *Being able to talk someone and express their feelings*
- *Found it very useful*
- *Friendly and approachable clinician*
- *Good to talk about my issues*
- *Helpful, covered all areas*
- *I could vent about how I feel*
- *I feel listened to*
- *I got listened to and referred to other places if I wanted to*
- *Letting everything out*
- *Relaxed encouragement*
- *The fact that they listened to me*
- *I love it at NHS*
- *Helpful staff*
- *Listened to*
- *Speed of uptake and variety of options*
- *Very good*
- *My daughter seems very relaxed when she attends a session which is helping her get through her stress with ease*
- *Someone to speak to when there are no other avenues*
- *All staff were very friendly and helpful*
- *Anita playing with me*
- *Comfortable*
- *That the staff are very friendly and kind*
- *There are a lot of friendly staff*
- *They know what they are doing*
- *Understanding*
- *I loved it*
- *Good staff*
- *Jason has adjusted the sessions to my liking by letting me write down my thoughts*
- *Good service, too few sessions*
- *I could talk to someone about it*
- *I had someone to talk to and I now have a better understanding of my anxiety / panic attacks that are affecting me. It was also helpful to know what I could do in the future to help anything that affects me and what I can attempt to do later on in the future*
- *Everything*
- *Get to play a lot*

What would have made your experiences better?

- *Maybe more time*
- *If my appointment was longer*
- *Being there for child and parents*
- *Coffee and tea*
- *Receptionist could be friendly*
- *Shorter*
- *Did not work, I am normal*
- *I would not be able to say much wrong with it, we discussed exactly what I wanted to discuss and I am very happy with what has been said*



- *If they gave some advice about how to solve your problems*
- *Talked about normal stuff before jumping in*
- *Talking with Lana my social worker*
- *Not coming*
- *More actual structures put in place*
- *More fun*
- *More toys*
- *Not as many questions*

Any other comments

- *Feel a bit fobbed off at times*
- *Hope there are no more cuts to mental health services NHS*
- *Have you ever gone to schools?*
- *Thank you so much for the help and support you gave to us all*
- *Don't like coming*
- *You are the best*
- *Keep it up bro*

